

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599624

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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12						
13						
14						
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18						
19						
20						
21						
22						
23						
24						
25						
26						
27		1				
28						
29			-			
30			-			
31			-			
32			-			
33			-			
34			-			
35			-			
36			-			
37			-			
38			1			
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49			1			
50			1			
TOTAL IND.			5			
TOTAL DEP.		21				
TOTAL CLAIMS		26				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						